



**Response to "First year medical student experiences with a clinical skills seminar emphasizing sexual and gender minority population complexity"**

**Réponse au « L'expérience d'étudiants en première année de médecine dans le contexte d'un séminaire sur les habiletés cliniques axé sur la complexité des minorités sexuelles et de genre »**

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## Response to “*First year medical student experiences with a clinical skills seminar emphasizing sexual and gender minority population complexity*”

### Réponse au « *L'expérience d'étudiants en première année de médecine dans le contexte d'un séminaire sur les habiletés cliniques axé sur la complexité des minorités sexuelles et de genre* »

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We applaud Biro et al.<sup>1</sup> in their research exploring limitations in medical training that affect health outcomes for the LGBTQ2S community and methods of combatting this. However, we believe further systemic change is required to meet the needs of the sexual and gender minority populations.

Whilst Biro et al.<sup>1</sup> demonstrated positive findings through clinical skills seminars in understanding and communicating with LGBTQ2S individuals, further progress is necessary in theory-based medical school training. Opposite-sex relationships are put forward as the only norm in clinical vignettes, whereby homosexuality is largely included in presentations with sexual health diagnoses, such as HIV/AIDS, despite research identifying similar rates of heterosexual and homosexual individuals accessing HIV care.<sup>2</sup> Transgender health needs, including: contraception and cervical screening are often excluded from medical curricula. We believe that compulsory clinical skills seminars should be offered in conjunction with updated theory-based teaching to deliver inclusive medical training.

Whilst studies show medical students to hold positive attitudes towards LGBTQ2S patients,<sup>3</sup> lower rates of acceptance are demonstrated towards this community by the current clinical workforce. In a survey conducted amongst a cohort of hospital staff in the UK, 25% reported

hearing homophobic language whilst 20% reported hearing transphobic language in the workplace.<sup>4</sup> This identifies a necessity in addressing the attitudes of practising clinicians to generate widespread and hastier change. This is particularly relevant amidst the pandemic, as pre-existing psychosocial problems have been further exacerbated in marginalised communities, including LGBTQ2S.

Conclusively, imminent reform in both medical training and practise is essential to address the health requirements of sexual and gender minority individuals.

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